

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DEED  
MAY 23 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0189  
Date: 6-2-16  
Amount Paid: \$75  
Refund: 6-2-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: JOSEPH A BRUNEAU  
Address of Property: 86680 KENAUWEE RD  
City/State/Zip: 7090044982 BRAUE WIS. 54820  
Contractor: DAN HNDLICKA 715-587-7374  
Plumber: DENNIS BACKMID  
Agent Phone: 548444  
Agent Mailing Address (include City/State/Zip):  
Pulmer Phone: 715-587-4822  
Written Authorization Attached: ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 04- 11454  
PIN: (23 digits)  
Gov't Lot: 1/4  
Lot(s):  
CSM:  
Vol & Page:  
Lot(s) No.:  
Block(s) No.:  
Subdivision:  
Recorded Document: (i.e. Property Ownership) Volume 1071 Page(s) 246

Section 08, Township 50N, Range 7W, Closer

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue -->  
Distance Structure is from Shoreline: feet  
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage? ☐ If yes--continue -->  
Distance Structure is from Shoreline: feet  
Is Property in Floodplain Zone? ☐ Yes ☒ No  
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$10000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: 29'6" Width: 16' Height: 12'  
Proposed Construction: Length: 24' Width: 12' Height: 8' walls

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	16' x 24'6"	465
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		
<input type="checkbox"/>	with Loft		
<input type="checkbox"/>	with a Porch		
<input type="checkbox"/>	with (2nd) Deck		
<input type="checkbox"/>	with Attached Garage		
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		
<input type="checkbox"/>	Mobile Home (manufactured date)		
<input checked="" type="checkbox"/>	Addition/Alteration (specify)		
<input type="checkbox"/>	Accessory Building (specify)		
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)		
<input type="checkbox"/>	Special Use: (explain)		
<input type="checkbox"/>	Conditional Use: (explain)		
<input type="checkbox"/>	Other: (explain)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

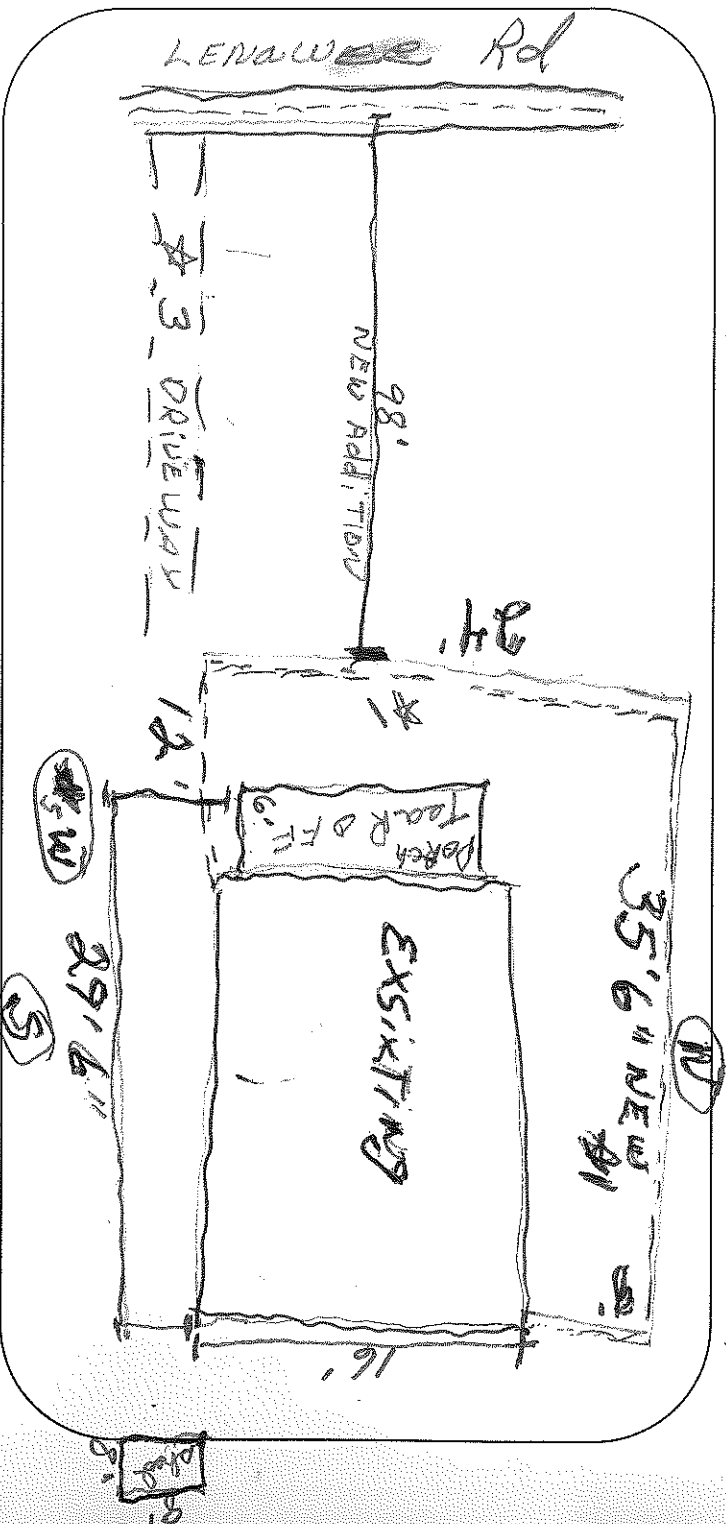
Owner(s): Joseph A Brunneau  
(if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 5/21/16  
Address to send permit: Dan Hndlicka, PO Box 11, HERBSTER WIS 54844  
Attach: Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	98' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	65' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	48' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	43' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	65' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	70' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	18' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required to Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-01389		Permit Date: 6-2-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (fused/contiguous lots) <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: site staked					
Date of Inspection: 5-22-16		Inspected by: J. K. Murphy		Zoning District Lakes Classification: 14A	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		(if No they need to be attached)		Date of Re-Inspection:	
Signature of Inspector:		Date of Approval: 5-31-16			
Hold For Sanitary: <input checked="" type="checkbox"/> Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

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PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Submitted: MAY 25 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0133  
Date: 6-2-16  
Amount Paid: \$75  
Refund: 6-2-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Peter Sparks		1007 Sio Applehine Forest Lake, MN		5651-461-1310				
Address of Property:		City/State/Zip:		Cell Phone:				
86510 Bull River RD		Habebe hi		54844				
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
Oscar Leckgren				2/14		2/14		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
Pete Sparks		Same				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
SW 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page
								Lot(s) No.
								Block(s) No.
Section 12, Township 50 N, Range 7 W		Town of: Clover						Subdivision:
								Lot Size
								Acres
								20

<input checked="" type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes--Continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →	Distance Structure is from Shoreline: feet					
Value at Time of Completion * include donated time & material: \$20,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	City	Well
<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/>	<input type="checkbox"/> 1-Story	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City		
	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> (New) Sanitary Specify Type: _____		
	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____		
	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 15'	Width: 14'	Height: 13'
Proposed Construction:	Length: 20'	Width: 14'	Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X ( )	
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
	Addition/Alteration (specify)	( ) X ( )	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) Library with Deck	( 15 X 20 )	300
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
	Special Use: (explain)	( ) X ( )	
	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Peter Sparks Date 5/25/2016  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See Attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	66' Feet	Setback from the Lake (ordinary high water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	220' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	440' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	60' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1250' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0133		Permit Date: 6-2-16				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: 5-27-16	Inspected by: J. CROSBY-MURPHY					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
BUILDING SHALL NOT BE USED FOR HABITATION OR SLEEPING PURPOSES + SHALL NOT CONTAIN INDOOR PUMPING FIXTURES CONNECTED TO PRESSORIZED WATER.						
Signature of Inspector: [Signature]		Date of Approval: 5-31-16				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

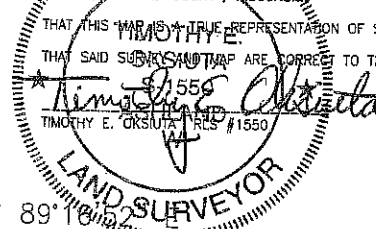
# MAP OF SURVEY

2604

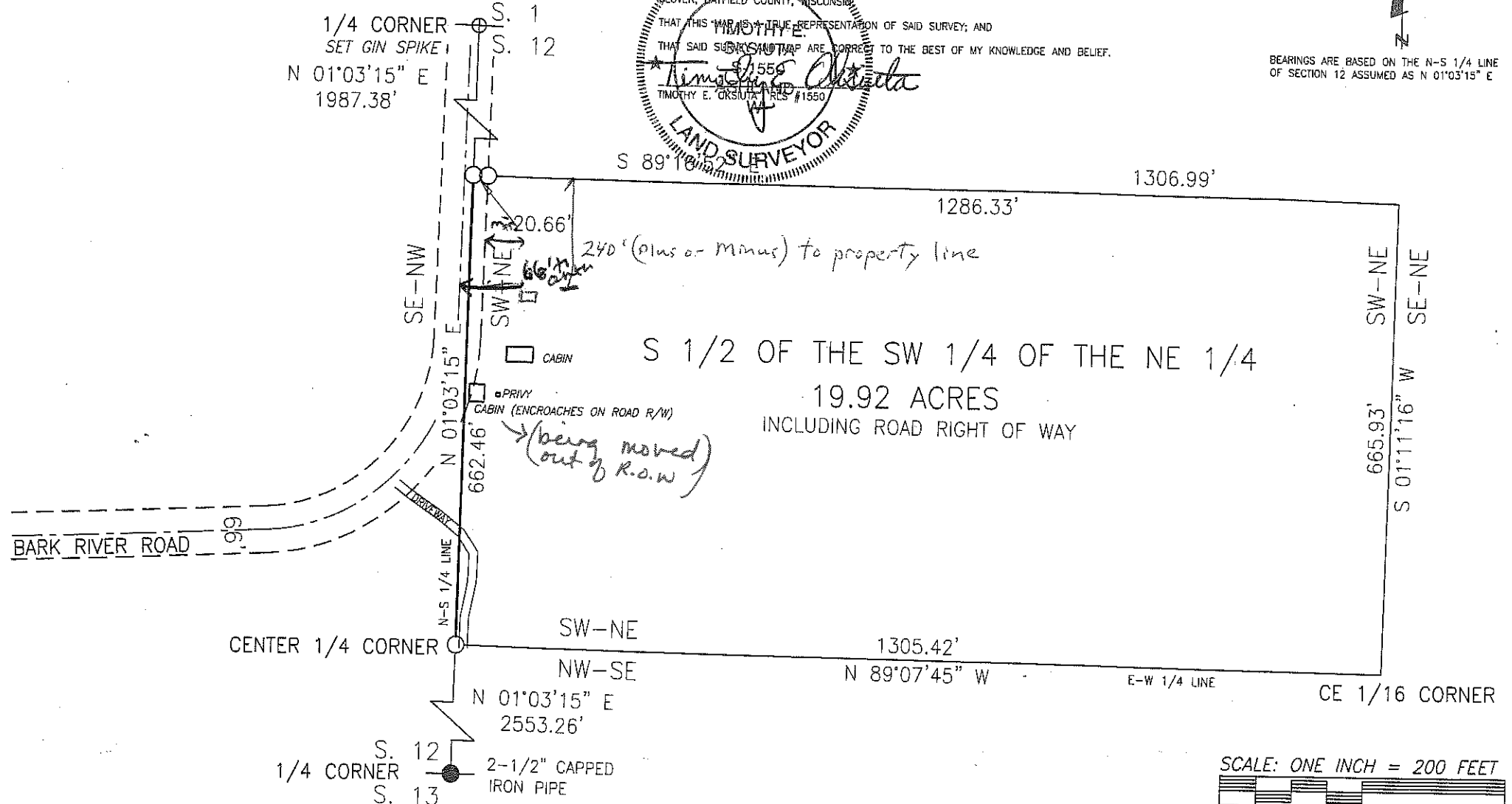
THE WEST LINE OF THE S 1/2 OF THE SW 1/4 OF  
THE NE 1/4 OF SECTION 12, T. 50 N., R. 7 W., IN  
THE TOWN OF CLOVER, BAYFIELD COUNTY, WISCONSIN

## SURVEYOR'S CERTIFICATE

I, TIMOTHY E. OKSIUTA, REGISTERED LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:  
THAT ON THE 15TH DAY OF JANUARY, 2014, I HAVE SURVEYED AND MAPPED THE WEST LINE OF THE  
S 1/2 OF THE SW 1/4 OF THE NE 1/4 OF SECTION 12, T. 50 N., R. 7 W., IN THE TOWN OF  
CLOVER, BAYFIELD COUNTY, WISCONSIN.  
THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND  
THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



BEARINGS ARE BASED ON THE N-S 1/4 LINE  
OF SECTION 12 ASSUMED AS N 01°03'15" E



## LEGEND

- MONUMENT FOUND, AS NOTED
- 1" X 18" IRON PIPE SET THIS SURVEY
- PIPE DIMENSIONS ARE OUTSIDE DIAMETER

CLIENT: SPINKS, P.

JOB NO.: N14/001  
SCALE: ONE INCH = 200 FEET  
JANUARY 16, 2014

DRAFTED BY: T. OKSIUTA  
FILE: N150NR7W/SEC12  
PSDATA/N14001 ACAD/N14001 SPINKS  
NB. 367 PG. 145

**NELSON**  
**SURVEYING**  
**INCORPORATED**

SURVEYING NORTHERN WISCONSIN SINCE 1954

101 W. MAIN STREET  
SUITE 100  
ASHLAND, WISCONSIN 54806  
(715) 682-2692  
FAX: (715) 682-5100

MAP NO. CSM 2604 ©



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR SIGN  
BAYFIELD COUNTY, WISCONSIN

Date Stamp Received

RECEIVED  
JUN 03 2016

Bayfield Co. Zoning Dept.

Permit #:

16-0148

Date:

6-8-16

Amount Paid:

\$50

6-8-16

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: <b>Town of Clover</b>	Mailing Address: <b>PO Box 94</b>	City/State/Zip: <b>Herbster WI 54894</b>	Phone: <b>715-774-3780</b>
Sign Owner(s) Name: <b>Town of Clover</b>	Mailing Address:	City/State/Zip:	Phone:
Address of Property:	City/State/Zip:		
Contractor: <b>Jack Mahoney</b>	Contractor Phone: <b>715-774-3133</b>	Address: <b>88600 Bark Point Rd Herbster</b>	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (25 digits) <b>TAX ID 12348</b>	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
_____ 1/4, _____ 1/4	Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____	Lot(s) No. <b>4</b> Block(s) No. <b>8</b>	Subdivision: <b>Robert Bartlett Orchard City</b>
Section <b>5</b> , Township <b>50</b> N, Range <b>7</b> W		Town of: <b>Clover</b>	Lot Size _____ Acreage <b>.23</b>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * Include donated time & material	✓	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
\$ <b>200.00</b>	<input checked="" type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> 1-Sided	<b>86"</b>	<b>6'</b>	<input type="checkbox"/> Yes TBA is required
	<input type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input type="checkbox"/> 2-Sided			<input type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> On-Building			
	<input type="checkbox"/>			<input type="checkbox"/> Multi-Tenant			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **John M. Star, Chairperson, Town of Clover**  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: **5-31-16**

Applicant(s): \_\_\_\_\_  
(If you are applying for an Off-premise sign, the property owners must also sign this form)

Date: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit: \_\_\_\_\_

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

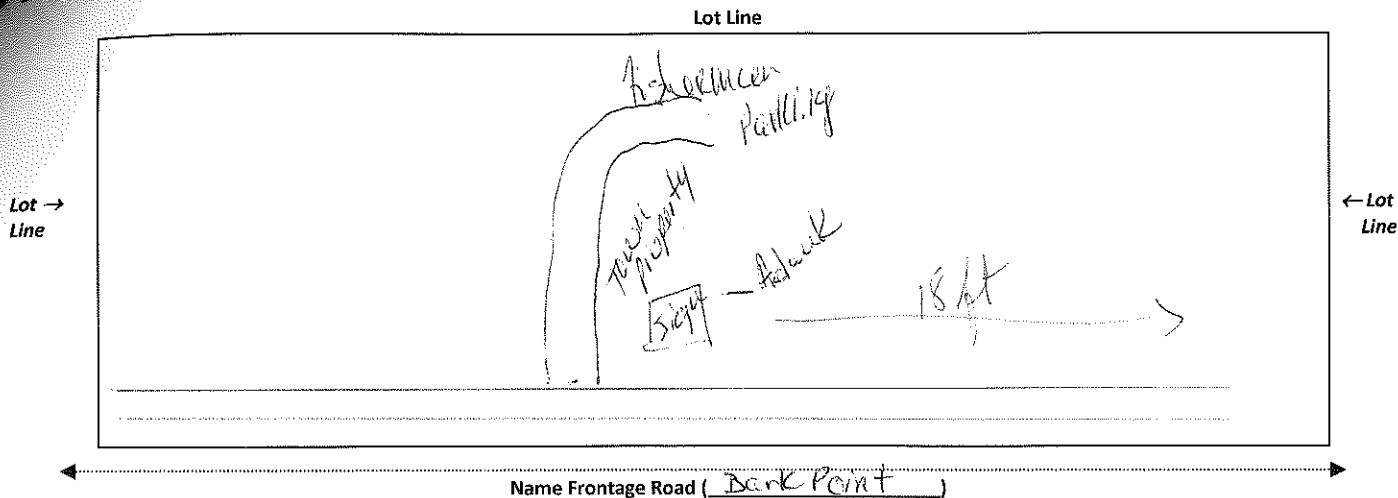
PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
The local Town, Village, City, State or Federal agencies may also require permits.

and use frontage road as a guideline, and indicate North (N) on plot plan  
 show the sign location  
 3. Show dimensions in feet on the following:



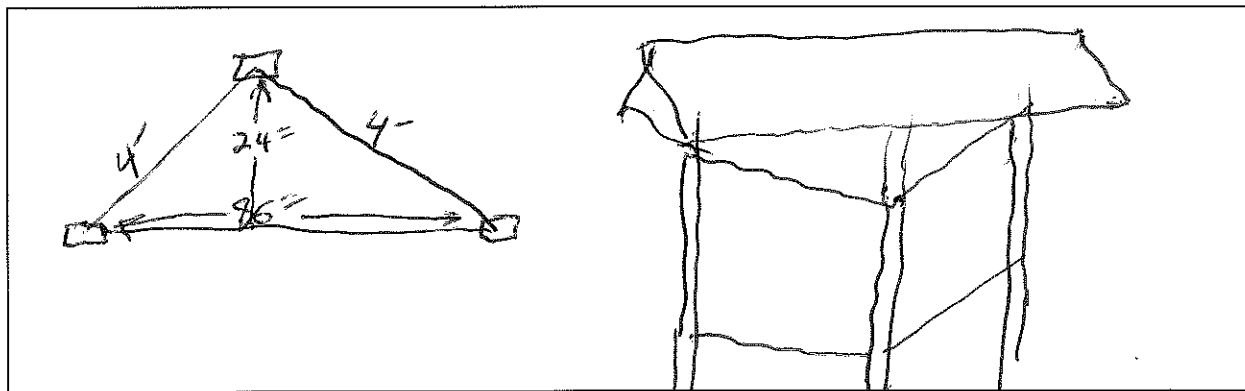
IMPORTANT  
 Detailed Plot Plan is Necessary



Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	37 Feet	Setback from the North Lot Line	18 Feet
Setback from the Established Right-of-Way	4 Feet	Setback from the South Lot Line	Feet
		Setback from the West Lot Line	Feet
Setback from Lake, River, Stream or Pond	375 Feet	Setback from the East Lot Line	Feet
Setback from Other Sign(s)	Feet		

Sign Plan  
 (Fill in Information Desired on Sign)



Issuance Information (County Use Only)		Permit Number: <u>16-0148</u>	Permit Date: <u>6-8-16</u>
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:	
Was Parcel Legally Created <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:		Zoning District: <u>(VKB)</u>	
Date of Inspection: <u>6-7-16</u>		Lakes Classification: <u>(1-Superior)</u>	
Inspected by: <u>Jason R. Murphy</u>		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)			
Signature of Inspector: <u>[Signature]</u>			Date of Approval: <u>6-8-16</u>